

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90232 028 \*\*\*\*61.25

<b>DOCUMENT # N34546</b> 1. Entity Name <b>ST. ANDREW HIGH SCHOOL OLD GIRLS ASSOCIATION FLORIDA, INC.</b>					
Principal Place of Business <b>15120 S.W. 87TH AVENUE MIAMI, FL 33176 US</b>			Mailing Address <b>7925 SW 86 ST APT 901 MIAMI, FL 33143 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>8820 SW 123 COURT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># L-205</b>			
City & State		City & State <b>MIAMI, FL</b>			
Zip	Country	Zip <b>33186</b>	Country	4. FEI Number <b>65-0106976</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PARKE, PATRICIA 11921 N W 20TH ST. PEMBROKE PINES, FL 33026</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAWFORD, DANA 13253 SW 114 TERR MIAMI, FL 33186 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENKA-COKER, DEIRDRE 16105 EMERALD COVE RD WESTON, FL 33331 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBB-HARRIS, ANN 13971 SW 71 LANE MIAMI, FL 33183 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWFORD, DANA 13253 SW 114 TERRACE MIAMI, FL 33186 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, MARGUERITE 15120 SW 87TH AVE MIAMI, FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DACOSTA, DAWN 4930 NW 104 AVE CORAL SPRINGS, FL 33076 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREWICK, BARBARA G 7925 SW 86 ST APT 901 MIAMI, FL 33143 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAW, ANDREA 2265 SW 118 AVE MIRAMAR, FL 33025 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYMOND, MARY A 8820 SW 123 CT., APT L-208 MIAMI, FL 33186 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>M.A. Raymond</u>			<b>MARY ANN RAYMOND</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-28-08</b> Daytime Phone #: <b>954-699-6339</b>		